

Community Mapping Training of Trainers Workshop Report

September 3-10, 2003

Facilitators:

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Management Sciences for Health

Rural Expansion of Afghanistan's Community-Based Healthcare (REACH)

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CHA, Herat Training Centre

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Participants: Master Trainers, Field-level Trainers and Supervisors from CHA
Herat and Faryab Provinces, Total Number of Participants: 22

PURPOSE: Community mapping is a tool designed to assist community health workers (CHWs) in maintaining health service delivery records and identifying households needing follow-up for specific health problems. Mapping techniques developed in Bangladesh and India allow the health status of a community to be assessed family by family, which ties health goals for the community to the actual need of each family. This mapping technique gives field level health workers, CHWs and traditional birth attendants (TBAs) with limited literacy a way to keep records and report their results. The maps are easy to use and update. Based on the Eligible Couple (ELCO) mapping technique used in Bangladesh and India, a new mapping system, known as Community Mapping (CM), was developed for the Afghan context. Field staff working in Herat and Faryab for Coordination for Humanitarian Assistance (CHA) have been selected for a pilot test of this tool for a period of five months, from 15 September 2003 to 14 February 2004.

The main objective of this workshop was to acquaint CHA training and field staff with the techniques of Community Mapping in order to improve provision of the Basic Package of Health Services (BPHS). Specific goals were for CHA staff to be able to 1) understand the utility of Community Mapping for providing improved BPH services to their clients 2) provide orientation and training to community representatives, CHWs and TBAs for developing community maps for their own working areas for piloting and 3) use community maps for effective planning, implementation, supervision and monitoring of their program activities for the pilot phase and beyond

ACTIVITIES:

1. Pre-Training Orientation and Review of Agenda: On September 3, 2003 the detailed training schedule was reviewed with the CHA-Herat training team members. The schedule is included in Annex 1. During this review the methodology and scope of coverage of BPHS components were discussed. The training methodology covered both classroom discussion and field practice. In the Afghan context, the following BPHS components will be covered in CM:

A. Maternal Health Care:

- Prenatal/Antenatal Care (at least two TT injections provided)
- Post-natal care (at a minimum one post-partum visit ensured)

B. Child Health Care:

- BCG (after birth)
- DPT (minimum three injections provided)
- Measles (one injection)
- Vitamin A (two times in a year)
- Oral Polio Vaccine (minimum three times)

C. Family Planning:

- Oral pills (new clients after proper screening and re-supply to old clients)
- Condom (supplied to all interested acceptors)
- Injectables (provided by the basic/comprehensive health center staff)
- IUD (inserted at the health center)
- Vasectomy (performed at the hospital)

- Tubectomy (will be provided at the hospital)

2. Eligible Population for community map: In Bangladesh, eligible couple (ELCO) mapping was used only for family planning counseling and contraceptive service delivery. The eligible population for ELCO mapping was only married couples of reproductive age. In Afghanistan, as there are large populations of widows, men working outside the country and women with children under five, the community map will serve both married women of reproductive age and ever-married women¹ with children under five. This change now expands the program beyond family planning to include child immunization and pre-natal and post-natal care services. The new Community Mapping is designed to address the reproductive, maternal and child healthcare needs of a family for selected components of the BPHS.

3. Group formation and area selection for field practice: For the drawing of the general map, seven groups were formed, each group with three members. Seven areas were also selected in and around Herat for drawing the general map. For conducting a household survey as well as preparing real community maps, seven villages of Zindajan district were selected.

4. Workshop Proceedings: The Community Mapping training of trainers (TOT) workshop was conducted at CHA-Herat's training center from September 4 to 9, 2003. 22 participants from Herat and Faryab provinces attended the workshop (a list of the participants is included in Annex 2). The six-day TOT on Community Mapping was divided into two parts, classroom and field practice. In the classroom session, facilitators oriented participants on why maps are used, who uses them, and different types of maps. After this orientation the participants were taken to the field to draw a general map. The 22 participants were divided into seven groups and each of them took a short tour in the area and drew a general map showing the geographical features and different landmarks. On the following day each group presented their geographical maps and shared their mapping experiences in the area. These experiences are reviewed below in the "Lessons Learned" section. A review of these maps emphasized the importance of including all essential information and important locations and landmarks of the area.

After this experience-sharing session, the concept of the community map was discussed with its historical background. During this discussion the participants were also oriented on:

- the benefits of community maps
- how to prepare community maps
- how to conduct household surveys
- how to compile and use field information
- how to draw client boxes
- when and how to update maps
- how to make management decisions interpreting map information.

During the classroom session several case scenarios were discussed.

After two days of classroom training, the participants were taken to Zindajan district, where participants gained field experience. At the beginning of field training the participants were taken for a short tour of their assigned area to observe the geographical features and major landmarks of the area. The participants were divided into seven groups and worked in seven villages, conducting household surveys and drawing a general geographical shape of their assigned areas. On the following day each group shared their experience of conducting household surveys as well as their mapping experiences (the experiences were narrated in the "Lessons Learned" section). Each person also drew a real community map based on their household survey data and later developed a group community map of their assigned area based on the survey results. The participants spent two days in the field. After the field practice each participant was assigned to interpret their map in a pre-

¹ any woman who at has been married at least once in her life, and is currently living with her husband, is divorced or a widow.

designed analysis sheet. Each group presented their maps to other participants, where they analyzed the field situation and recommended future courses of action (analysis tables are in Annex 4). Review of the maps and analysis done by the participants reveal that they are now capable of providing training to their field staff and CHWs on Community Mapping.

5. Community Mapping Trainer's Guide: To enable the field trainers to provide training to CHWs, a trainer's guide was also developed and translated into Dari. This guide contains step-by-step training instructions on Community Mapping for CHWs, methodology and process for household surveys, and developing and maintaining maps. This guide also includes instructions on how to transfer field information from maps to a CHW register and how to analyze CHWs' monthly performance. The Community Mapping manual and trainer's guide were distributed to all participants and they were oriented on how to use each section. The trainer's guide is included in Annex 3.

6. Briefing the Provincial Health Director: Workshop facilitators met with the Herat provincial health director (PHD) and briefed him on the CM training of trainers program. He was also informed that Community Mapping will be pilot-tested by CHA in five districts of Herat and three districts in Faryab province. The TOT schedule and list of the districts were given to the provincial health director. The PHD agreed to provide all necessary assistance to make this pilot test a success.

RESULTS/EVALUATION:

1. Workplan for Pilot Test Period: Each individual was assigned to develop a workplan in a pre-designed format to reflect their individual implementation plan. Based on the individual implementation plan, a detailed provincial workplan was developed with CHA's Herat and Kabul staff for the pilot test period, 15 September 2003 to 14 February 2004. The work plan is attached in Annex 5.

2. Lessons learned during the field practice:

A. Collecting maternal health care information: Several groups commented that when they did not collect any information from women over the age of 49, those women felt ignored and that as a result, they discouraged their daughters and daughters-in-law from providing information.

Lesson learned: All women in the household should be interviewed irrespective of their age. Later, at the time of data compilation women over the age of 49 should be removed from the map and CM client numbers should be rearranged. One additional column in the household survey format should be added.

B. Collecting child care information during household survey: The interviewers faced problems in collecting aggregate numbers of DPT and OPV immunization doses that children had received to date. Most of the mothers were confused by this question, and unable to differentiate between DPT series and OPV.

Lesson Learned: The survey questionnaire should be revised showing the immunization boxes separately for DPT1, 2 and 3, and similarly for OPV1, 2 and 3. This will also help the supervisors in compiling the data appropriately.

NEXT STEPS:

1. The household survey protocol will be revised incorporating the interviewers' experiences, and the format will also be redesigned showing different boxes for different doses of immunizations. With these changes the community map will also reflect the up-to-date immunization status.

2. USAID-REACH will track CHA's completion of planned activities according to the workplan. During the pilot test period, REACH will conduct three visits to provide necessary technical assistance. The first visit will be conducted when the initial draft maps are prepared. The second visit will be done when all maps are in use, and the third visit will be conducted to provide refresher training.

ANNEXES:

Annex-1: TOT Schedule

Annex-2: List of Participants

Annex 3: Trainer's Guide

Annex 4: Map Analysis Table

Annex 5: Workplan

Annex 1:
USAID/REACH
COMMUNITY MAPPING
TRAINING SCHEDULE FOR CHA

FOR PROGRAM MANAGERS AND CHW SUPERVISORS

Objectives: To acquaint CHA field trainers and CHW supervisors with the techniques of Community Mapping preparation for improved provision of the BPHS. By the end of this training program staff will be able to:

- understand the utility of Community Mapping for providing improved BPHS services to their clients
- develop community maps for their own working areas
- use community maps for effective planning, implementation, supervision and monitoring of their program activities

<i>DAY: 1 (9:00 am-5:00 pm)</i>	<i>Time</i>
<p style="text-align: center;">Opening:</p> <ul style="list-style-type: none"> • Introduction and Warm-up/Ice-breaking • Expectations (trainees and trainers) • Objectives of the training 	<p>30 minutes</p> <p>30 minutes</p> <p>15 minutes</p>
<p style="text-align: center;">Introduction to Maps:</p> <ul style="list-style-type: none"> • Definition and purpose of maps • Types of maps • Why Mapping • Components of maps • Drawing a general map (Hypothetical) • Exercise on Mapping in the local environment • Map presentation, issues and concerns 	<p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p> <p>1 hour</p> <p>2 hours</p> <p>1 hour</p>
<i>DAY: 2 (9:00am – 5:00 pm)</i>	<i>Time</i>
<p>Introduction to community maps:</p> <ul style="list-style-type: none"> • What is a community map • Why Community Mapping? • Benefits and Constraints of Community Mapping • Indonesia, Bangladesh, Nepal, Kenya and India's Experience of Community Mapping 	<p>15 minutes</p> <p>15 minutes</p> <p>30 minutes</p> <p>1 hour</p>
<p>Using maps as a management tools to improve BPHS</p> <ul style="list-style-type: none"> • Components of BPHS • Scope of utilization of community maps in BPHS services • Advantage of community maps to improve HMIS, program management and decision making of BPHS programs 	<p>1 hour</p>
<p>Steps in preparing community maps:</p> <p>Conduct Household Survey</p> <ul style="list-style-type: none"> • Introduction • Define the target group • Conduct household survey - the need • How to conduct a household survey • Summarize survey data • Develop symbols for major landmarks 	<p>2 hours</p>

<ul style="list-style-type: none"> • Develop color codes for different FP methods and BPH Services <p>Developing community map:</p> <ul style="list-style-type: none"> • Standard size/length • Materials needed • Prepare the community map <p>How to Update and maintain community maps</p> <p>Updating community maps:</p> <ul style="list-style-type: none"> • Regular updating • Major updating • Benefits of updating • How to update the map <p>Maintaining community maps:</p> <ul style="list-style-type: none"> • How to maintain the map • How community maps can be used for improving the management quality of BPHS program 	1 hour
Day: 3 (9:00 am – 5:00 pm)	Time
<p>Model test of community map - using Community Mapping Template:</p> <ul style="list-style-type: none"> • Feedback on model test exercise • What the map shows • What the map does not show 	2 hours
<p>Practical training – how to conduct a field survey for preparing community maps in the field:</p> <ul style="list-style-type: none"> • Define boundaries • Identify the houses and landmarks • Identify number of households • Conduct sample household survey in the given format 	4 hours
Day: 4 (9:00 am- 5:00 pm)	Time
<ul style="list-style-type: none"> • Continue household survey and mapping as a continuation of activities of Day 3 • Consolidate field data into map • Design the draft community map with land marks and legends • Draw the draft community map with ELCO boxes and colors 	2 hours 2 hours 2 hours
DAY: 5 (9:00 am – 5:00 pm)	Time
<p>Present the draft community map (group work)</p> <p>Task for the participant (Trainee):</p> <ul style="list-style-type: none"> • Review draft community map • Provide feedback • Incorporate feedback/comments <p>Draw the final community map:</p> <ul style="list-style-type: none"> • Review final community maps and provide feedback 	1 hour 1 hour 2 hours 1 hour
Prepare workplan for drawing community maps by each field worker and their area	1 hour
Closing	

Annex 2:
List of Participants
Community Mapping TOT
September 4-8, 2003

Participant's Name	Title	Place of Work	Province
Dr. Zahir Ayubi	Training Coordinator	Herat CHA Training Centre	Herat
Drs. Rita Sekandari	Training Centre Trainer	Herat Training Centre	Herat
Drs. Ghutay	Training Centre trainer	Herat Training centre	Herat
Dr. Farid Farhmand	Health Sector Monitor	Herat CHA Office	Herat
Dr. M. Masood Arzoi	HMIS Officer	CHA Head Office	Kabul
Dr. Ahmady	Provincial Health Officer	Herat CHA Office	Herat
Dr. Maryam	PHO Assistant	Herat CHA Office	Herat
Mr. M. Hashim	VHV Trainer	Zindajan	Herat
Mrs. Tamar	TBA Trainer	Zindajan	Herat
A.Rahim Azimi	TBA/VHV Supervisor	Zindajan	Herat
MS. Saima	TBA Trainer	Ghurian	Herat
M. Alem	VHV Trainer	Ghurian	Herat
Khalilullah	TBA/VHV Supervisor	Ghurian	Herat
Abdul Bari	TBA/VHV Trainer	Shindand	Herat
Ms. Lailoma	TBA Trainer	Shindand	Herat
Emamuddin	TBA/VHV Supervisor	Shindand	Herat
Esmatullah	TBA/VHV Supervisor	Shindand	Herat
Abdul Majid	TBA/VHV Supervisor	Kosan	Herat
Drs. Maria	Provincial Health Officer	Maimana	Faryab
Abdul Bashir	VHV Trainer	Maimana	Faryab
Dr.M.Shoaib	Zindajan's clinic OPD Doctor	Zindajan	Herat
Dr.Azizulrahman	Zindajan's clinic OPD Doctor	Zindajan	Herat

Annex 3A:
Trainer's Guide for Community Mapping
Inaugural Session

Topic: Welcome

Objective:

To welcome participants to the Community Mapping Training Program

Approximate time:

15 minutes

Activities:

- Trainer(s) formally open the training and welcome the participants.
- Trainer(s) give a brief introduction of themselves.

Annex 3B: Warm-up and Introductions

Objective:

To introduce participants to each other and make them comfortable and relaxed from the beginning of training program.

Anticipated Outcome:

By the end of this session, participants will be able to:

- Adjust to the training environment
- Feel comfortable
- Build rapport with each other

Activities:

Participants (including the trainers) will form pairs to learn about their immediate neighbors. Participants take a few minutes to tell their partner their name, job, etc. Back in the large group each participant introduces his/her neighbor to the rest of the group.

Approximate time:

15-20 minutes

Materials:

Easel board, easel paper, white board, etc.

Annex 3C: Expectations and Objectives of the Training

Objective:

To clarify objectives of the community map training and the expectations of the participants and trainers.

Notes for Trainers:

This is an important session. It allows participants to express their expectations and ensures that they know what to expect. Mention that the flip chart with the objectives and expectations will be reviewed during the evaluation at the end of the training.

Cautions:

Lack of clear expectations and objectives could lead to misunderstandings between trainers and participants later in the training program. If the expectations of the trainees do not match closely with the training plan, try to adjust the plan to fit better the needs of the trainees.

Approximate time:

20 minutes

Methodology:

Trainers conduct a brainstorming session in which they ask trainees to state their expectations. Trainers and participants then discuss their expectations and add other objectives if necessary.

Materials:

Community map training schedule
Easel board
Overhead projector

Annex 3D: Introduction and Review of Agenda

Objective:

To introduce, explain, and review the contents of the training program.

Activities:

Trainers will explain the workshop program and the agenda for Day One of the workshop. The trainees will also have an opportunity to ask questions and clarify points. If necessary, the agenda can be revised.

Notes for Trainers:

Leave the workshop agenda on the wall at all times for the participants to see. Review the agenda at the beginning of each new day of the training to illustrate how the various part of the community map training fit into a whole.

Approximate time:

30 minutes

Materials:

Community Map Training Program

Day One Agenda

Annex 3E: Implement Training for Community Mapping

Objectives of the Training:

To acquaint Afghan NGO field staff and community health volunteers with the technique of Community Mapping preparation for improved BPH services.

Anticipated Outcomes:

By the end of this training the staff will be able to:

- Provide community map training to their community health volunteers
- Know the utility of Community Mapping in providing BPH services to their clients
- Develop community map for their own working areas
- Utilize community maps for effective planning, implementation and monitoring of their BPHS activities

Approximate time:

15-20 minutes

Methodology:

Presentation/Discussion

Materials:

Easel paper, white board marker and project document/handouts

Annex 3F: Setting Objectives

Topic	Tasks/Activities	Materials
Objectives of the Training	<p><i>Will be discussed:</i></p> <ul style="list-style-type: none"> • What is meant by an objective? • How objectives are set, SMART way - Specific Measurable Appropriate Realistic Time bound • Meaning of the anticipated outcomes 	<p><i>Will be shown:</i></p> <ul style="list-style-type: none"> • A geographical map in the overhead or in a poster • Community map manual • Family Planning Manager • Project design • Easel paper • Marker

Annex 3G

Introduction to Maps

Objective:

To familiarize the participants with the meaning and purpose of general maps and how these are drawn.

Anticipated Outcomes:

On completion of this topic, participants will:

- Understand how to draw a map and purpose of drawing maps
- Understand how map information could help in the decision making process in different settings

Approximate time:

2-3 hours

Methodology:

Presentation/Discussion/Field Observation/Exercise

Materials:

Slides, sample maps, mapping paper, pencil, scale, eraser, etc.

Annex 3H: Introduction to Maps

Topic	Tasks/Activities	Materials
Introduction to Maps	<i>Will be discussed:</i> <ul style="list-style-type: none"> The meaning and purpose of maps 	<i>Will be shown:</i> <ul style="list-style-type: none"> A geographical map in the overhead or in a poster
Types of maps and reasons for using maps	<ul style="list-style-type: none"> The different types of maps as illustrated in the manual “Using Community Maps to Improve BPHS” 	<ul style="list-style-type: none"> Slides/posters/drawings of different maps <ul style="list-style-type: none"> - Mobility map - General map etc.
Exercise on drawing a general map	<ul style="list-style-type: none"> The participants will be taken to any open area. They will be given boundaries and asked to draw a general map showing the major landmarks and other features 	<ul style="list-style-type: none"> Paper Pencil Pen Scale Eraser Tape Roller
Mapping exercise by the participants	<ul style="list-style-type: none"> Participants will take a short tour of the area, note down landmarks and draw a general map either individually or in a small group 	<ul style="list-style-type: none"> Notebook Paper Pen Pencil Eraser Tape Scale
Mapping in the local environment issues and concerns	<ul style="list-style-type: none"> Trainers will review the maps drawn by the participants and provide their feedback on these maps. Participants will explain the problems they have encountered. 	<ul style="list-style-type: none"> Draft maps drawn by the participants

Annex 3I: Introduction to Community Maps

Objective:

To acquaint the participants with the concept, meaning and purpose of Community Maps.

Anticipated Outcomes:

On completion of this topic, participants will be able to:

- Understand the purpose of Community Mapping
- Develop community maps for their own working areas
- Utilize community maps for effective planning, implementation and monitoring of their activities

Approximate time:

3-4 hours

Methodology:

Presentation/Discussion/Exercise

Materials:

Slides, Transparencies, Mapping materials

Annex 3J:
Introduction to Community Maps

Matrix

Topic	Tasks/Activities	Materials
What is a community map and why Community Mapping	<p><i>Trainers will:</i></p> <ul style="list-style-type: none"> • Explain the meaning as mentioned in the manual • Also, discuss the sample community map from the manual 	<ul style="list-style-type: none"> • Community Mapping manual • Slides • Sample community map • Transparencies • Easel/Flip paper
Benefits and limitations of community maps	<ul style="list-style-type: none"> • Discuss all benefits of community maps as illustrated in the manual 	<ul style="list-style-type: none"> • Community Mapping manual • Transparencies Easel/Flip paper
Bangladesh, Nepal, Kenyan and Indian Experience	<ul style="list-style-type: none"> • Discuss Bangladesh experience • Discuss the Kenyan and Indian experience and evaluation findings 	<ul style="list-style-type: none"> • Handouts on Bangladesh experience • Evaluation reports (FGD) report • Nepal experience

Annex 3K: Using Community Maps to Improve BPHS

Objective:

To orient the participants to the concept of reproductive and child health and how community maps may be used as effective tools to improve the HMIS and for planning, implementation and monitoring of the BPHS activities.

Anticipated Outcomes:

By the end of this session participants will learn the following:

- Components of BPHS program
- Use of Community Mapping in providing BPHS to their clients
- Use community map information for effective planning, implementation and monitoring of their BPHS activities

Approximate Time:

2 hours

Methodology:

Presentation/Discussion

Materials:

Project Design, Community Map Manual, Flip Chart, Easel Board, Market Pen.

Annex 3L:
Using Community Maps to Improve BPHS in Afghanistan

Matrix

Topic	Tasks/Activities	Materials
Components of BPHS services	<i>Trainers will:</i> <ul style="list-style-type: none"> • Explain the different component of the BPHS 	<ul style="list-style-type: none"> • Handouts • Transparencies • Flip Chart
Scope of Community Mapping utilization in BPHS services	<ul style="list-style-type: none"> • Explain the scope of Community Mapping utilization in the following limited areas of the BPHS program: • Reproductive Health including family planning • Maternal care including pre-natal and post-natal cares • Child health care including immunization 	<ul style="list-style-type: none"> • Community Map manual
Benefits of community maps to improve HMIS, Decision Making and Management of BPHS Program	<ul style="list-style-type: none"> • Explain the benefits of Community Mapping 	<ul style="list-style-type: none"> • Community Mapping manual • BPHS components

Annex 3M: How to prepare a Community Map

Objective:

To acquaint the participants with Community Mapping for improved reproductive and child health services in the field.

Anticipated Outcomes:

By the end of this session participants will learn the following:

- Technique of community map preparation
- Updating community maps
- How community maps can be used for improving the management quality of BPHS program

Approximate Time:

3 hours

Methodology:

Presentation/Discussion

Materials:

Community map preparation guidelines, art papers, colored pencils, pens, flip board/paper, etc.

Annex 3N:
How to Prepare a Community Map

Topic	Tasks/Activities	Materials
How to prepare a community map	<p><i>Trainers will:</i></p> <p>Consult the community map preparation manual and discuss the following:</p> <ul style="list-style-type: none"> • What is Community • What is a BPHS Client • Why BPHS Clients need to be served • Summarize the survey data • Develop symbols for landmarks • Develop colors for different BPHS services • Determine the length and size of community maps • Materials needed • Sequence/Order to be following for preparing community maps as detailed in the community map preparation guidelines • Updating the community maps, types of updating (regular and major updating) • Maintaining the community map (commitment, consistency, use of information, decision making) 	<ul style="list-style-type: none"> • Community map preparation guidelines • Art paper • Scissors • Scale • Colored pen/pencils • Eraser
How community maps can be used for improving the management quality of BSP program	<ul style="list-style-type: none"> • Highlight the areas or limited areas of BPHS package, which would be covered by the community map 	<ul style="list-style-type: none"> • Consult the community map manual

Annex 3O:
Model test on community map preparation in a given template

Objective:

To conduct a model test on Community Mapping preparation in order to prepare the participants to draw community maps by them.

Anticipated Outcomes:

Participants would be able to:

- Prepare the community map utilizing the survey data
- Analyze survey data and take management decisions

Approximate Time:

2 hours

Methodology:

Review/Study the case scenario report.

Materials:

Filled-in household survey reports, case scenario.

Annex 3P:
Model Test on Community Map Preparation in a given Template

Matrix

Topic	Tasks/Activities	Materials
Model test for Community Mapping preparation	<ul style="list-style-type: none"> • Each and every participants will be supplied with a template for community map preparation • Trainers will explain the purpose and will show from where and how the participants will draw the community map • A filled-in data/survey sheet or case scenario of an area will be supplied • Reviewing which the participants will draw/prepare the model community map 	<ul style="list-style-type: none"> • Community Mapping template • Filled-in data/survey sheet • Case scenario • Art paper • Pencil • Colored pencils • Scissors • Scale • Roller • Wooden rods
Feed-back on the prepared ELCO maps	<p>Trainers will review the community maps drawn by the participants and provide feed-back mentioning if they have-</p> <ul style="list-style-type: none"> • prepared the box correctly • circled all necessary colors for BSP services • showed pre-natal, post-natal and child care, care services correctly 	Community map guidelines

Annex 3Q:

Practical Training for conducting household surveys and drawing community maps

Objectives:

To provide technical assistance to the participants to help them conduct household surveys and prepare community maps by themselves.

Anticipated Outcomes:

At the end of the session, participants will:

- Know how community maps should be prepared at their work site

Approximate Time

One and half (1-1/2) day

Methodology

Field Observation

Materials

Household survey questionnaire, community map template/Art paper, pen, pencils, colored pens, erasers, scissors, scale, white fluid, etc.

Annex 3R
Practical Training for Conducting Household Surveys
And Drawing Community Maps

Matrix

Topic	Tasks/Activities	Materials
Practical training for conducting household survey and preparing community maps	<p><i>Trainers and NGOs will:</i></p> <ul style="list-style-type: none"> • Select a comparatively densely populated and/or compact area if possible from the real project site • Split the participants into different groups • Allocate boundary for each of them or for each group • Supply household survey questionnaire designed for the training • Supply community map template to each of the participants • Supply all necessary logistics needed for community map preparation • If possible, provide a route map of the location/area • Assign participants with the map drawing task • Supervise the group work and observe whether all the participants are working practically or not • Provide necessary TA on each individual/participant's work 	<ul style="list-style-type: none"> • Colored pencils • Scissors • Scale • Wooden rods • Erasers • White outs
Review community map	<ul style="list-style-type: none"> • Review the community maps prepared by the participants and provide necessary feedback for further improvement. 	

Annex 4:
Mapping Analysis Tables

Please review your Community Map and analyze this using the following tables:

1. What percent of women between the age group 14-49 are currently pregnant and how many of them have received the following reproductive health care services:

- Pre-natal care TT injection
- Pre-natal care check-up

--

2 What percent of women have a newborn baby and how many of them have received:

- Post-natal care examinations
- Post-natal medicines

--

3 What percent of the children have received?

- BGG
- DPT
- Measles
- Vitamin-A
- Other child care services

4. What do you recommend to improve immunization services?

5. What is the contraceptive prevalence rate, or percentage of the ELCOs using a modern method of contraceptives (oral contraceptives, condoms, injectables, IUD's and sterilization)?

While calculating this you may use the formula mentioned below:

Definition of CPR: Contraceptive prevalence Rate (CPR) may be defined as number of couples using modern family planning methods per 100 (one hundred) eligible couples in a given period of time.

Formula for calculating contraceptive prevalence

$$\frac{\text{\#of ELCO/s using modern contraceptive}}{\text{Total \# of ELCO/s}} = \text{Contraceptive prevalence}$$

Contraceptive Prevalence is =%

6. What do you recommended to improve the CPR?

--

7. To calculate the trend of BSP services please use the following table:

Basic health services	Beneficiaries				Percent Distribution of BSP services					
	Population		ELCOS	Children <1Yrs.>	Children <5 yrs.>	Pre-natal care	Post-natal care	DPT	Measles	Vitamin A
Pre-natal care										
Post-natal care										
Children Immunization										
Oral Pills (OCP)										
Condoms										
IUDs										
Sterilization										
Total										

8. Which couples appear to have been dissatisfied with the contraceptive method they were using and which ELCOs are not accepting any BPH services (pre-natal, post-natal and child are services? What should you do about this situation?

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- 9. List 7-9 other ways in which you might use the Community Map to improve BPHS services in the assigned area.**

Annex 5:
Detailed Work Plan for
Community Mapping Pilot Test for CHA

<i>TASK</i>	<i>RESPONSIBLE</i>	<i>SCHEDULED COMPLETION</i>
1. Determine area to be covered in the community map	Provincial Health Officer/Supervisors	September 15, 2003
2. Inform shura members about CM household survey	Supervisor/ CHW-TBA trainer	September 15-25, 2003
3. Orient district level shura members to the CM and household survey	Provincial Management Team	September 20-30, 2003
4. Orient village level community leaders/shura members to the household survey protocol and CM	CHW/TBA trainers/ Supervisors	September 25- October 15, 2003 (In phase by phase)
5. Orient CHWs and TBAs to the household survey and CM	CHW/TBA trainers and Supervisors	September 30- October 20, 2003 (In phase by phase)
6. Conduct household survey	CHW/TBA /Supervisor/CHW trainers	October 5-30, 2003 (In phase by phase)
7. Analyze survey data	CHW-TBA Supervisor and Trainers	October 7-30 , 2003(In phase by phase)
8. Prepare first draft map	CHW-TBA under the guidance of supervisors and trainers	October 10- November 5, 2003 (In phase by phase)
9. Conduct consistency check with the survey data	Provincial Health Officer	October 15- November 10, 2003 (In phase by phase)
10. Incorporate necessary changes arising from the consistency check	CHW/ Supervisor	October 20- November 15, 2003 (In phase by phase)
11. Hold one-day staff meeting on the draft maps	Provincial Health Officer	October 20- November 20 , 2003
12. Finalize community maps	CHW/ Supervisor	October 25- November 25, 2003
13. Monitor use of community maps in the field and provide necessary TA for improvement	PHO/MO/Supervisor	October 2003- February 2004
14. Plan refresher training based on issues identified during the monitoring visits	USAID-REACH/CHA	January 7, 2004
15. Conduct refresher training for field staff	USAID-REACH/CHA	January 15-30, 2003
16. Monitor implementations of Community Mapping in the field	USAID-REACH/CHA	Remaining period of REACH program
17. Plan dissemination seminar on CM pilot experience	CHA	January 15, 2004
18. Organize dissemination seminar and share lessons learned	CHA	February 15, 2004